



Public Health Association
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Public Health Association of Australia submission to the feasibility study on options to limit unhealthy food marketing to children public consultation

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15/03/2024

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The **Public Health Association of Australia** (PHAA) is Australia's peak body on public health. We advocate for the health and well-being of all individuals in Australia.

We believe that health is a human right, a vital resource for everyday life, and a key factor in sustainability. The health status of all people is impacted by the social, commercial, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the root causes of poor health and disease. These determinants underpin the strategic direction of PHAA. Our focus is not just on Australian residents and citizens, but extends to our regional neighbours. We see our well-being as connected to the global community, including those people fleeing violence and poverty, and seeking refuge and asylum in Australia.

Our mission is to promote better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

Our vision is for a healthy population, a healthy nation and a healthy world, with all people living in an equitable society, underpinned by a well-functioning ecosystem and a healthy environment.

Traditional custodians - we acknowledge the traditional custodians of the lands on which we live and work. We pay respect to Aboriginal and Torres Strait Islander elders past, present and emerging and extend that respect to all other Aboriginal and Torres Strait Islander people.

PHAA Response to the feasibility study on options to limit unhealthy food marketing to children public consultation survey

4a. Which is the most appropriate policy objective?

1.2 To reduce the amount of unhealthy food marketing that children are exposed to and the persuasive content of marketing messages (power) (short-term objective, within 1-2 years) AND to improve children's dietary intakes (medium-term objective, within 3-4 years).

PHAA supports option 1.2. The objective of this policy must include both the reduction of children's exposure to unhealthy marketing and the improvement of children's dietary intake. The benefits of including improvement of dietary intake as an objective will have to result in effective monitoring and evaluation frameworks being implemented, such as implementing a recurring survey of children's eating patterns in Australia, or a national nutrition survey.

However, this option also has disadvantages:

- A proper definition of 'marketing to children' should be provided. This definition must be broad, as children share the same media and spaces as adults and are exposed to, and influenced by, all types of food marketing, not just what 'intended' or 'directed' at them.
- A proper definition of 'improve children's dietary intakes' as an objective should be provided. The definition must align with the Australian Dietary Guidelines (ADGs) and aim to reduce consumption of discretionary products and products high in added sugars, sodium and/or saturated fat.
- Limiting unhealthy marketing to children is [one \(critical\) policy amongst a package of policies](#) that would see a significant reduction in obesity. A threshold to measure this policy's success must be commensurate with the fact that this is one policy among many that would result in change.
- A pre- and post-policy implementation survey should be conducted to properly measure the outcome of changes in eating patterns. The survey must include data from children: of different ages, from Aboriginal and Torres Strait Islander communities, from low socio-economic groups, with disabilities, from culturally and linguistically diverse families and from rural and remote areas.
- The proposed timeline of 3-4 years is not long enough to capture changes in eating patterns.

Option 1.2 could be reworded: 'Improve children's dietary intake **BY** reducing the amount of exposure to unhealthy food marketing....', to address some of the above concerns.

4b. Which Policy approach has the greatest chance of achieving the policy objectives?

2.2 A mandatory legislative approach with policy development, monitoring and enforcement led by the Australian Government.

PHAA supports option 2.2. A mandatory legislative approach led by the Australian Government is the most effective way to achieve the policy objective of limiting children's exposure to unhealthy food marketing and improving children's eating patterns, and it aligns with the World Health Organization's (WHO) *Set of recommendations on the marketing of foods and non-alcoholic beverages to children*.(1,2) Mandating

national policies will enhance consistency in approach across all jurisdictions and bolster the introduced restrictions.(3)

However, the implementation, monitoring, and enforcement of the recommended mandatory legislative approach to marketing restrictions will need to involve collaboration between national, state, and local jurisdictions. For instance, while TV and online advertising restrictions can be implemented and enforced nationally, outdoor advertising restrictions requires implementation and enforcement at the local level.

5. Which age definition is most appropriate?

3.1 Children are defined as less than 18 years of age.

PHAA supports option 3.1 and seeks to prioritise the protection of children (aged <18 years) from the influence of all forms of marketing of unhealthy, energy-dense and nutrient-poor food and beverages.(4)

Adolescents between the ages of 14-18 are reward driven, heavily influenced by their peers, consume high volumes of unhealthy foods and beverages (the most discretionary foods out of all child age ranges)(5), and have their own purchasing power.(6–9) Option 3.1 acknowledges the vulnerability of children up to 18 years of age to the marketing of unhealthy food products. This acknowledgment aligns with the recent Commonwealth Attorney General’s *Privacy Act Review Report*, which called to extend protections to all individuals under 18 years due to their increased vulnerability.(10) For consistency, this policy should include all children up to 18 years of age.

Recommended evidence for consideration:

- Australian Institute of Health and Welfare. (2018). Nutrition across the life stages. Australian Institute of Health and Welfare. <https://www.aihw.gov.au/getmedia/fc5ad42e-08f5-4f9a-9ca4-723caca510d/aihw-phe-227.pdf.aspx?inline=true>
- Darnton-Hill, I., Nishada, C., James, W. P. T. (2004). A life course approach to diet, nutrition and the prevention of chronic diseases. *Public Health Nutrition*, 7(1A), 101-121. DOI: 10.1079/PHN2003584

6a. Which food classification system has the greatest chance of achieving policy objective(s)?

4.1 A government-led food classification system aligned with national dietary guidance that restricts marketing of unhealthy food products AND food brands that are associated with unhealthy products.

PHAA supports option 4.1. Many of the brands largely associated with unhealthy food, like fast food chains, only need to display a logo to instigate imagery of the products they sell in the minds of those who are familiar with it. If brand marketing is not included in this policy, then brands will either simply replace their unhealthy food advertising with advertising that prominently features their brand either alone (as in option 4.2) or placed with a healthier food in their product line (option 4.3). Such a manoeuvre would misrepresent the brand’s top selling products and often, the healthier choices are not appealing to children. Limiting the marketing of the brand AND the product would prevent such loopholes and be more effective in achieving the objective of the policy.

To overcome potential implementation barriers, an appropriate definition of a ‘brand strongly associated with unhealthy food’ or similar will need to be developed in consultation with public health experts, with careful consideration of how it will apply to different brands in practice. The brands of highest concern are

those that are well-known, are frequent advertisers and that are mostly known for unhealthy foods that contribute to poor diets and overweight and obesity, and/or are likely to appeal to children.

6b. Which specific food classification system do you prefer?

- *National interim guide to reduce children's exposure to unhealthy food and drink promotion*
- *FSANZ Nutrient Profile Scoring Criteria*
- *Health Star Rating System*
- *Other*

PHAA supports the “other” option. The FSANZ Nutrient Profile Scoring Criteria and the Health Star Rating System (HSR) options would be inappropriate as their methods to assess ‘healthy’ and ‘unhealthy’ would permit some foods high in sugar/salt/saturated fat to achieve a ‘healthy’ rating in this policy’s context. Meanwhile, the National interim guide potentially meets some of the principles required for an appropriate food classification system, however, the interim guide would need significant changes to adequately restrict unhealthy marketing of products to children as defined by the discussion paper, which may delay the implementation of this policy.

An appropriate classification system would have the following as key principles:

- Reflects the ADGs (noting that they are currently under review)
- Considers the entire retail food supply
- Category based, with clear categories of discretionary food that cannot be advertised at all, including those high in saturated fats, trans fats, added sugars, sodium and/or caffeine, are energy dense, and/or contain sweeteners of any type. Also, categories for which there may be both more healthy and less healthy versions (such as breakfast cereals and yoghurts).

PHAA strongly recommends the World Health Organization (WHO) Regional Office for the Western Pacific (WPRO) Nutrient Profiling Model to use as guidance for food classification. The WHO WPRO Model was specifically developed to restrict unhealthy product marketing to children, thus is more fit-for-purpose.

We also recommend that definitions of ‘healthy’ and ‘unhealthy’ foods are applied to foods for infants and toddlers. For example, the WHO Nutrient and promotion profile model: supporting appropriate promotion of food products for infants and young children 6–36 months in the WHO European Region, outlines nutrient composition guidelines that could inform evidence-based definitions of healthy and unhealthy foods for infants and toddlers.(11)

Ultimately, the choice of system must consider the skills and technical nutrition expertise of the people who will be implementing, monitoring and evaluating the marketing restriction. This suggests that a fit-for-purpose food classification system, like the WHO WPRO Model, is what is needed to ensure it is meeting the policy objectives and is feasible for the end-user to implement, monitor and evaluate for policy success.

Recommended evidence for consideration:

- Jones, A., Shahid, M., Morelli, G., Howes, K., Riesenber, D., Sievert, K., Pettigrew, S., & Sacks, G. (2023). Chocolate unicorns and smiling teddy biscuits: analysis of the use of child-directed marketing on the packages of Australian foods. *Public Health Nutrition*, 26(12), 3291–3302. <https://doi.org/10.1017/S136898002300215X>

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- Watson, W. L., Khor, P. Y., & Hughes, C. (2021). Defining unhealthy food for regulating marketing to children—What are Australia’s options? *Nutrition & Dietetics*, 78(4), 406–414. <https://doi.org/10.1111/1747-0080.12658>
- Watson, W. L., Richmond, K., & Hughes, C. (2023). Comparison of nutrition profiling models for food marketing regulation. *Nutrition & Dietetics*, 80(4), 372–376. <https://doi.org/10.1111/1747-0080.12814>

7. Which option for restricting TV food advertising as the greatest chance of achieving its policy goals?

5.1.3 *Restrict unhealthy food advertising on all broadcast media between 5:30am and 11:00pm (all TV services and platforms, radio, cinema, podcasts and music streaming services).*

PHAA fully supports option 5.1.3. We urge that this restriction also be applied across all media and settings that can influence children’s life-long food choices and health. Along with TV, this includes restricting unhealthy product marketing during those hours at cinemas, on catch up TV, the radio, music and movie streaming services and on podcasts.

Additionally, it's essential to future-proof the policy, ensuring its continued efficacy in regulating unhealthy food marketing across evolving media landscapes. With the increasing prevalence of digital platforms and streaming services, children's exposure to marketing has expanded beyond conventional TV channels.(12) Therefore, applying restrictions to these emerging media formats ensures that the policy remains relevant and effective in safeguarding children's health in the face of technological advancements.

Recommended evidence for consideration:

- Brown, V., Ananthapavan, J., Veerman, L., Sacks, G., Lal, A., Peeters, A., Backholer, K., & Moodie, M. (2018). The Potential Cost-Effectiveness and Equity Impacts of Restricting Television Advertising of Unhealthy Food and Beverages to Australian Children. *Nutrients*, 10(5), 622. <https://doi.org/10.3390/nu10050622>
- Guidelines Review Committee, Nutrition and Food Safety (NFS), & Nutrition Guidance Expert Advisory Group. (2023). Policies to protect children from the harmful impact of food marketing: WHO guideline. <https://www.who.int/publications/i/item/9789240075412>

8. Which option for restricting food marketing has the greatest chance of achieving its policy goals?

5.2.2 *Restrict all marketing for unhealthy foods through online media. This includes all marketing that has been ‘paid’ for (monetary and non-monetary) and ‘non-paid’ marketing where a company has acted to promote an unhealthy food (e.g. through sharing user content or encouraging user generated content with the intention of promoting an unhealthy food or brand).*

PHAA supports option 5.2.2. Not only does this policy align with the National Health Prevention Strategy (NPHS), for “restrictions on exposure of children to unhealthy food and drink marketing, including... through digital media”,(13) but it also ensures that digital media is a focus of this policy. Unhealthy food marketing through online devices is particularly problematic as it uses highly targeted and personalised marketing messages.(14) Children are increasingly exposed to more online marketing, particularly through ‘non-paid’ marketing (‘influencers’ online), with most of the marketed products being discretionary foods and beverages.(12) However, this policy must not only apply to marketing directed to children as they are

exposed to many of the same platforms as adults. This policy should restrict advertising regardless of intended audience.

Recommended evidence for consideration:

- Kelly, B., Bosward, R., & Freeman, B. (2021). Australian Children's Exposure to, and Engagement With, Web-Based Marketing of Food and Drink Brands: Cross-sectional Observational Study. *Journal of Medical Internet Research*, 23(7), e28144. <https://doi.org/10.2196/28144>
- Kervin L, Jones S, J. M. Online advertising: examining the content and messages within websites targeted at children. . *E-Learning and Digital Media*. 2012;9(1):69-82.
- Freeman B, Kelly B, Baur B. Digital Junk: Food and Beverage Marketing on Facebook. *Am J Public Health*. 2014;104(12).
Boelsen-Robinson T, Backholer K, A. P. Digital marketing of unhealthy foods to Australian children and adolescents. *Health Promotion International*. 2016;31(3):523-33.

9. Which option for outdoor food advertising has the greatest chance of achieving its policy goals?

5.3.1 Restrict unhealthy food advertising on all outdoor media

Option 5.3.1 is the most effective choice for achieving the policy objectives. This option provides a comprehensive approach to reducing children's exposure to unhealthy food marketing by encompassing all outdoor advertising spaces, regardless of ownership or management. Unlike option 5.3.2, which focuses on specific locations such as government-owned places and assets near schools, option 5.3.1 ensures that children are protected from unhealthy food advertising in all settings where they may encounter such marketing.

While this will require greater efforts in monitoring and enforcement, clear definitions and conditions can help minimise ambiguity and loopholes, thus promoting higher compliance.(15) Additionally, this broader scope reduces the administrative burden on local governments compared to option 5.3.2, as it eliminates the need to identify and monitor specific assets.(16)

Recommended evidence for consideration:

- Finlay A., Robinson E., Jones A., Maden M., Cerny C., Muc M., Evans R., Makin H., Boyland E. (2022). A scoping review of outdoor food marketing: exposure, power and impacts on eating behaviour and health. *BMC Public Health*, 22(1), 1431. doi: 10.1186/s12889-022-13784-8.
- Kelly B., Backholer K., Boyland E., Kent M. P., Bragg M. A., Karupaiah T., Ng S. (2023). Contemporary Approaches for Monitoring Food Marketing to Children to Progress Policy Actions. *Current Nutrition Reports*, 12(1), 14-25. doi: 10.1007/s13668-023-00450-7.

10. Do you support restricting marketing on food packaging?

Option 5.4.1 Restrict on-pack marketing considered to be 'directed to children' on unhealthy foods.

- Yes

PHAA supports option 5.4.1. Restricting on-pack marketing directed to children on unhealthy foods is a crucial step in promoting healthier food choices and limiting children's exposure to persuasive marketing tactics. Such marketing techniques, which include the use of influential claims, cartoon characters and toys and prizes, have a significant impact on the consumer behaviour of children.(17)

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Evidence demonstrates that children are exposed to marketing on food packaging from a very young age. Analyses of commercially available foods for infants and toddlers show that on-pack marketing is pervasive and includes marketing techniques that target children, and their caregivers. This means that young children's diets are being influenced by child-directed and caregiver-directed marketing on food packaging. We recommend that consideration is given to the role of caregiver-directed marketing in influencing children's diets when developing policy objectives and policy approaches. PHAA argues that narrowing the policy's scope to marketing 'directed at children', is too narrow.

The barriers to this policy's implementation (the influence of adult purchasers and the uniqueness of Australian regulatory requirements) are not insurmountable. Addressing these challenges through rigorous monitoring and enforcement mechanisms can help mitigate any unintended consequences and ensure the effectiveness of the policy in promoting healthier food environments for children.(18)

Recommended evidence for consideration:

- Brunacci, K. A., Salmon, L., McCann, J., Gribble, K., & Fleming, C. A. K. (2023). The big squeeze: a product content and labelling analysis of ready-to-use complementary infant food pouches in Australia. *BMC Public Health*, 23(1), 656. <https://doi.org/10.1186/s12889-023-15492-3>
- Chung, A., Myers, J., Skouteris, H., & Backholer, K. (2023). Front-of-pack marketing on infant and toddler foods: Targeting children and their caregivers. *Australian and New Zealand Journal of Public Health*, 47(6), 100101. <https://doi.org/10.1016/j.anzjph.2023.100101>
- McCann, J. R., Russell, G. C., Campbell, K. J., & Woods, J. L. (2021). Nutrition and packaging characteristics of toddler foods and milks in Australia. *Public Health Nutrition*, 24(5), 1153–1165. <https://doi.org/10.1017/S1368980020004590>
- McCann, J. R., Russell, C. G., & Woods, J. L. (2021). The Nutritional Profile and On-Pack Marketing of Toddler-Specific Food Products Launched in Australia between 1996 and 2020. *Nutrients*, 14(1), 163. <https://doi.org/10.3390/nu14010163>
- McCann, J., Woods, J., Mohebbi, M., & Russell, C. G. (2022). Regulated nutrition claims increase perceived healthiness of an ultra-processed, discretionary toddler snack food and ultra-processed toddler milks: A discrete choice experiment. *Appetite*, 174, 106044. <https://doi.org/10.1016/j.appet.2022.106044>
- Pulker, C.E., Scott, J. A., & Pollard, C. M. (2018). Ultra-processed family foods in Australia: nutrition claims, health claims and marketing techniques. *Public Health Nutrition*, 21(1). DOI: [10.1017/S1368980017001148](https://doi.org/10.1017/S1368980017001148)

11. Do you support restricting food sponsorship of sports, arts and cultural events?

Option 5.5.1 *Restrict unhealthy food sponsorship of elite and professional sports, community sports and arts and cultural events involving children as participants*

- Yes

PHAA supports option 5.5.1. This should apply not only to sports and activities where children are participants, but all sporting, art and cultural events where children are likely to be in attendance.

Sponsors do not go unnoticed or undervalued by children. Children can identify sponsors of their favourite teams and are more likely to prefer the sponsor brands due to the company's support of their team. In one study, most children (69%) saw brand sponsors of their community sporting club as 'cool', and 59% wanted to buy their sponsor's products.(19) Also, 68% of children studied could recall sponsors of their sports club, naming on average two sponsors, including a median of one food company sponsor each.(19)

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Brand recognition has also been shown to be a predictor of alcohol use. A study from the United States of America found that children with positive attitudes towards alcohol marketing and promotions had a 77% increased odds of drinking initiation compared to those who gave less positive assessments. Higher brand recall was associated with a 10% higher drinking uptake at follow-up.(20)

Unhealthy sponsorship of sports clubs and teams is leaving an unhealthy impression on children.

Any regulatory approach to protecting children from unhealthy food marketing must include an effective monitoring system for policy compliance and policy effectiveness and with meaningful sanctions for breaches; transparent, independent, and accountable administrative and governance processes; and systematic, independent review of the regulatory scheme to ensure that it is meeting the objective of reducing children's exposure to unhealthy food marketing.(14)

The barriers and enablers to implementation would include:

- Choosing the correct food classification tool will be important to overcome the barrier of defining an unhealthy food brand or product (items 6a and 6b in this survey).
- Another barrier is push-back from sports clubs who rely on funding from sponsorship. However, 67% of clubs reported that less than a quarter of their club's overall income came from sponsorship.(21) Instead of direct funding of club activities and equipment, almost 40% of food and beverage sponsors were linked with regional sports associations instead of the individual club. These sports clubs do not receive any direct funding from such arrangements.(21) Limiting the sponsorship of sports clubs by unhealthy food and beverage companies may not lead to major funding difficulties for many sports clubs.(21)
- An enabler to counteract any financial impact is to follow the example of banning tobacco companies from sponsorship. Australian Government agencies replacement funding for sports clubs through the development of Health Promotion Foundations, which replaced tobacco sponsorship with health promotion sponsorship.(21)

12. Which option for restricting retail marketing has the greatest chance of achieving the policy objective(s)?

5.6.4 Restrict placement-based and price-based promotion of unhealthy foods within food retail outlets.

PHAA supports option 5.6.4. This policy would prohibit retailers from placing unhealthy food in prominent locations in store (e.g., near checkouts and at the ends of aisles), and online (e.g., the top of search results or prominently featured on a webpage or mobile app). This would also place restrictions on price promotions designed to encourage purchasing of unhealthy foods (e.g., on discounts and multibuy). This policy is supported by both the NPHS and the National Obesity Strategy (NOS).(13,22)

Product placement is incredibly influential. Parents who shop with their children identify check out displays/products, products placed at child height and product packaging as 'troublesome' elements of grocery shopping that lead to children requesting particular items.(23) Thus all location-based and price-based marketing of unhealthy foods in food retail settings must be restricted.

The impact that discounts have on customer's purchasing choices is also significant. In the two major Australian supermarkets, unhealthy foods are discounted twice as often and with a larger discount compared to healthier foods and beverages.(24,25) As a result, food and drink items that are higher in sugar are more likely to be purchased on price promotion than other food and drink items.(26)

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Evidence regarding restricting price promotions on sugar sweetened beverages showed an estimated initial cost to industry of \$17 million (AUD). However, the estimated healthcare cost came to a total savings of \$376 million. The intervention is considered dominant (cost-saving and health promoting).(27)

Excessive intake of discretionary food is a major contributor to preventable chronic disease for all Australians.(30) These products have been shown to provide 41% of total energy and account for 53% of food and beverage expenditure in some remote First Nations communities.(31)

Individuals from low socioeconomic backgrounds are also susceptible to food marketing tactics due to limited funds to access healthier alternatives and thus, a higher reliance on cheaper convenience foods.(32) By restricting placement-based and price-based promotion of unhealthy foods within food retail outlets, option 5.6.4 not only promotes healthier food choices, but also helps mitigate the adverse health effects associated with excessive consumption of discretionary foods, particularly among populations with limited financial means.

Introducing restrictions on the marketing of unhealthy food in retail spaces is a critical policy lever to improve dietary patterns and create healthy environments. This policy would be most effective if retailers were to simultaneously ensure healthier options were more accessible and affordable to consumers.

To fully enable the success of this policy we emphasise the need for a clearer definition of what constitutes a retail environment in the consultation paper. We suggest a broad interpretation that encompasses any significant setting where unhealthy food is exchanged, including fast food restaurants.

Private industry has the ability to better promote healthier items in-store and online.(28) Many have made efforts to improve other elements of their operation and trade, such as commitments to sustainability. However, very little voluntary action has been taken, hence the importance of mandatory policy action.(29)

Recommended Evidence for Consideration:

- Brimblecombe, J., McMahon, E., Ferguson, M., de Silva, K., Peeters, A., Miles, E., Wycherley, T., Minaker, L., Greenacre, L., Gunther, A., Chappell, E., Chatfield, M. D., & Mah, C. L. (2020). Effect of restricted retail merchandising of discretionary food and beverages on population diet: a pragmatic randomised controlled trial. *The Lancet Planetary Health*, 4(10), e463–e473. [https://doi.org/10.1016/S2542-5196\(20\)30202-3](https://doi.org/10.1016/S2542-5196(20)30202-3)
- Consumer Data Research Centre. (2022, November 4). CDRC releases new Nutrient Profile Model Calculator for HFSS legislation. University of Leeds. https://www.cdrc.ac.uk/nutrient_profile_model_calculator/
- Huse, O., Ananthapavan, J., Sacks, G., Cameron, A. J., Zorbas, C., Peeters, A., Moodie, M., Martin, J., & Backholer, K. (2020). The potential cost-effectiveness of mandatory restrictions on price promotions for sugar-sweetened beverages in Australia. *International Journal of Obesity*, 44(5), 1011–1020. <https://doi.org/10.1038/s41366-019-0495-9>
- Pulker, C. E., Trapp, G. S. A., Scott, J. A., & Pollard, C. M. (2018). Global supermarkets' corporate social responsibility commitments to public health: a content analysis. *Globalization and Health*, 14(1), 121. <https://doi.org/10.1186/s12992-018-0440-z>
- Pulker, Trapp, Scott, & Pollard. (2019). The Nature and Quality of Australian Supermarkets' Policies that can Impact Public Health Nutrition, and Evidence of their Practical Application: A Cross-Sectional Study. *Nutrients*, 11(4), 853. <https://doi.org/10.3390/nu11040853>

13. Do you support restricting unhealthy food marketing 'directed' to children, in addition to policy options 5.1-5.6?

Option 5.7 Restrict direct unhealthy food marketing to children and any unhealthy food marketing that uses promotional techniques with child appeal across all media and settings. This policy would be combined alongside time and media- or settings-based food marketing restrictions (e.g. Sections 5.1 to 5.6) to cover marketing not restriction under other provisions.

- Yes

PHAA supports option 5.7. Marketing tactics directed at children might include marketing:

- that uses any feature or technique that is likely to appeal to children including images, activities, characters and prizes, including on product packaging,
- in any physical place or form of media that is primarily for children, or
- sent or displayed directly to a child by email, text message or in any other way.

However, children share the same media and spaces as adults and are exposed to, and influenced by, all types of food marketing. Therefore, having a focus only on what is 'intended' or 'directed' at children will not adequately protect them from all unhealthy food marketing. Such a narrow scope is also more likely to be legally challenged by industry.(33)

This option would be implementing key policy achievements and ambitions in the NPHS(13) and the NOS(22) respectively. Implementing option 5.7 would also align with the UN Committee on the Rights of the Child interpretation of article 24, that States should take measures to prevent childhood obesity, including by regulating to limit children's exposure to marketing for unhealthy foods and beverages.(34,35) Further, this option aligns with the World Health Organization's *Set of recommendations on the marketing of foods and non-alcoholic beverages to children*.(1)

Restricting television advertising of unhealthy foods is one of the most cost-effective interventions to prevent obesity. Restricting advertising could cost television broadcasters an estimated \$6 million. However, research shows over 88,000 Health Adjusted Life Years could be gained and \$784 million of obesity-related health care costs could be avoided.(36) The same study also identified that the monetary benefits from restricting advertising were still dominant compared to the potential losses in advertising revenue for television broadcasters.(36)

PHAA recommends that marketing be defined as any form of commercial communication of messages that are designed to, or have the effect of, increasing the recognition, appeal and/or consumption of particular products and services - it comprises anything that acts to advertise or otherwise promote a product or service,(1) including the advertising of corporate social responsibility initiatives.

Additionally, an independent system must be developed to:

- monitor, evaluate and regularly report on the extent of children's exposure to unhealthy food and beverage marketing to ensure compliance and to evaluate its effectiveness against the stated objective, and
- provide a more transparent and responsive complaints mechanism with meaningful and timely sanctions for breaches with which the public can easily engage.(14)

These regulatory bodies and governance processes must have independent administration and monitoring, and regular, external review.(14)

Recommended Evidence for Consideration:

- Ananthapavan, J., Sacks, G., Brown, V., Moodie, M., Nguyen, P., Veerman, L., Mantilla Herrera, A. M., Lal, A., Peeters, A., & Carter, R. (2020). Priority-setting for obesity prevention—The Assessing Cost-Effectiveness of obesity prevention policies in Australia (ACE-Obesity Policy) study. PLOS ONE, 15(6), e0234804. <https://doi.org/10.1371/journal.pone.0234804>
- Boelsen-Robinson, T., Backholer, K., & Peeters, A. (2016). Digital marketing of unhealthy foods to Australian children and adolescents. Health Promotion International, 31(3), 523–533. <https://doi.org/10.1093/heapro/dav008>
- Brown, V., Ananthapavan, J., Veerman, L., Sacks, G., Lal, A., Peeters, A., Backholer, K., & Moodie, M. (2018). The Potential Cost-Effectiveness and Equity Impacts of Restricting Television Advertising of Unhealthy Food and Beverages to Australian Children. Nutrients, 10(5), 622. <https://doi.org/10.3390/nu10050622>
- Reeve, B., & Magnusson, R. (2018). Regulation of Food Advertising to Children in Six Jurisdictions: A Framework for Analyzing and Improving the Performance of Regulatory Instruments. SSRN, 35(1). https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3131414

14. Which media and settings do you see as the top priority for action? Please rank in order from 1 (highest priority) to 7 (lowest priority).

- Broadcast media (TV, radio, cinema, podcasts, streaming services)
- Online
- Outdoor
- Food packaging
- Sponsorships
- Retail
- Marketing 'directed' to children

PHAA response:

- (2) Broadcast media (TV, radio, cinema, podcasts, streaming services)
- (1) Online
- (5) Outdoor
- (4) Food packaging
- (6) Sponsorships
- (3) Retail
- (7) Marketing 'directed' to children

Although we have been asked to order the media and settings in an order of priority, a comprehensive approach that incorporates all of the above elements is the best option to truly protect children from exposure to unhealthy food marketing.

Recommended Evidence for Consideration

- Cancer Council NSW. (2022, March 10). School buses are no place for junk food ads, says top health organisations. Cancer Council NSW. <https://www.cancercouncil.com.au/news/school-buses-are-no-place-for-junk-food-ads-says-top-health-organisations/#:~:text=Cancer%20Council%20NSW%20research%20in,2%2C800%20unhealthy%20of%20advertisements%20a>

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- Kelly, B., Chapman, K., Baur, L. A., Baurman, A. E., King, L., & Smith, B. J. (2013). Building solutions to protect children from unhealthy food and drink sport from unhealthy food and drink sport sponsorship. Cancer Council NSW.
<https://ro.uow.edu.au/cgi/viewcontent.cgi?article=4702&context=sspapers>
- Kelly, B., Bosward, R., & Freeman, B. (2021). Australian Children's Exposure to, and Engagement With, Web-Based Marketing of Food and Drink Brands: Cross-sectional Observational Study. Journal of Medical Internet Research, 23(7), e28144. <https://doi.org/10.2196/28144>
- Richmond, K., Watson, W., Hughes, C., & Kelly, B. (2020). Children's trips to school dominated by unhealthy food advertising in Sydney, Australia. Public Health Research & Practice, 30(1).
<https://doi.org/10.17061/phrp3012005>
- Roberts, M., Pettigrew, S., Chapman, K., Quester, P., & Miller, C. (2014). Children's exposure to food advertising: An analysis of the effectiveness of self-regulatory codes in <scp>A</scp> Australia. Nutrition & Dietetics, 71(1), 35–40. <https://doi.org/10.1111/1747-0080.12040>
- Smithers, L. G., Haag, D. G., Agnew, B., Lynch, J., & Sorell, M. (2018). Food advertising on Australian television: Frequency, duration and monthly pattern of advertising from a commercial network (four channels) for the entire 2016. Journal of Paediatrics and Child Health, 54(9), 962–967.
<https://doi.org/10.1111/jpc.13929>
- Trapp, G. P. H. (2020). Junk-food filled neighbourhoods: building an evidence base for change.
<https://research-repository.uwa.edu.au/en/publications/junk-food-filled-neighbourhoods-building-an-evidence-base-for-cha>

Conclusion

PHAA supports the evidence found and discussed in the consultation document. We are keen to ensure that future policy on this matter is made in line with this submission. We are particularly keen that the following points are highlighted:

- Any restriction of unhealthy product marketing must apply to all forms of marketing media and settings.
- All restrictions must be mandatory.
- Restricting unhealthy marketing to children is one critical policy [amongst a package of policies](#) that will see significant reduction in overweight and obesity.
- Implementation of this policy must have effective monitoring for compliance, be transparent and independent, and have an in-built independent review to ensure objectives are being met.

The PHAA appreciates the opportunity to make this submission

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.



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References

1. WHO. Set of recommendations on the marketing of foods and non-alcoholic beverages to children [Internet]. Geneva; 2010 Jun [cited 2024 Feb 28]. Available from: <https://www.who.int/publications/i/item/9789241500210>
2. WHO. WHO. 2023 [cited 2024 Feb 28]. WHO recommends stronger policies to protect children from the harmful impact of food marketing. Available from: <https://www.who.int/news/item/03-07-2023-who-recommends-stronger-policies-to-protect-children-from-the-harmful-impact-of-food-marketing>
3. Boyland E, McGale L, Maden M, Hounsome J, Boland A, Jones A. Systematic review of the effect of policies to restrict the marketing of foods and non-alcoholic beverages to which children are exposed. *Obesity Reviews* [Internet]. 2022 Aug 5 [cited 2024 Mar 14];23(8). Available from: <https://doi.org/10.1111/obr.13447>
4. Food and Nutrition Special Interest Group. PHAA. 2023 [cited 2024 Mar 13]. Protecting Children from the Marketing of Unhealthy Foods and Beverages Policy Position Statement. Available from: <https://www.phaa.net.au/common/Uploaded%20files/SIG%20documents/FAN%20SIG/06-07-%20FAN%20-%20Marketing%20Junk%20Food%20PPS.pdf>
5. Australian Institute of Health and Welfare. Nutrition across the life stages [Internet]. Canberra; 2018 [cited 2024 Mar 13]. Available from: <https://www.aihw.gov.au/getmedia/fc5ad42e-08f5-4f9a-9ca4-723caca510d/aihw-phe-227.pdf.aspx?inline=true>
6. Freeman B, Kelly B, Vandevijvere S, Baur L. Young adults: beloved by food and drink marketers and forgotten by public health?: Fig. 1: Health Promot Int. 2015 Aug 13;dav081.
7. Pechmann C., Levine L, Loughlin S, Leslie F. Impulsive and Self-Conscious: Adolescents' Vulnerability to Advertising and Promotion. *Journal of Public Policy & Marketing* [Internet]. 2005 [cited 2024 Mar 14];24(2). Available from: <http://www.jstor.org/stable/30000660>.
8. Montgomery KC, Chester J. Interactive Food and Beverage Marketing: Targeting Adolescents in the Digital Age. *Journal of Adolescent Health* [Internet]. 2009 Sep [cited 2024 Mar 14];45(3):S18–29. Available from: <https://pubmed.ncbi.nlm.nih.gov/19699433/>
9. Scully M, Wakefield M, Niven P, Chapman K, Crawford D, Pratt IS, et al. Association between food marketing exposure and adolescents' food choices and eating behaviors. *Appetite*. 2012 Feb;58(1):1–5.
10. Attorney-General's Department. Privacy Act Review Report 2022 [Internet]. Canberra; 2023 Feb [cited 2024 Mar 14]. Available from: https://www.ag.gov.au/sites/default/files/2023-02/privacy-act-review-report_0.pdf
11. WHO. Nutrient and promotion profile model: supporting appropriate promotion of food products for infants and young children 6–36 months in the WHO European Region [Internet]. Geneva; 2022 Nov [cited 2024 Mar 12]. Available from: <https://www.who.int/europe/publications/i/item/WHO-EURO-2022-6681-46447-67287>
12. Kelly B, Bosward R, Freeman B. Australian Children's Exposure to, and Engagement With, Web-Based Marketing of Food and Drink Brands: Cross-sectional Observational Study. *J Med Internet Res* [Internet]. 2021 Jul 12 [cited 2024 Mar 4];23(7):e28144. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8314155/>

PHAA submission to the feasibility study on options to limit unhealthy food marketing to children public consultation

13. Department of Health. National Preventive Health Strategy [Internet]. Canberra; 2021 [cited 2023 Apr 4]. Available from: https://www.health.gov.au/sites/default/files/documents/2021/12/national-preventive-health-strategy-2021-2030_1.pdf
14. Food and Nutrition Special Interest Group. PHAA. 2023 [cited 2024 Mar 13]. Protecting Children from the Marketing of Unhealthy Foods and Non-alcoholic Beverages Background Paper. Available from: <https://www.phaa.net.au/common/Uploaded%20files/SIG%20documents/FAN%20SIG/06-07-%20FAN%20-%20Marketing%20Junk%20Food%20Bkgd%20Paper.pdf>
15. Finlay A, Robinson E, Jones A, Maden M, Cerny C, Muc M, et al. A scoping review of outdoor food marketing: exposure, power and impacts on eating behaviour and health. BMC Public Health [Internet]. 2022 Jul 27 [cited 2024 Mar 13];22(1):1431. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9330687/>
16. Kelly B, Backholer K, Boyland E, Kent MP, Bragg MA, Karupaiah T, et al. Contemporary Approaches for Monitoring Food Marketing to Children to Progress Policy Actions. Curr Nutr Rep [Internet]. 2023 Feb 7 [cited 2024 Mar 13];12(1):14–25. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9974707/>
17. Pulker CE, Scott JA, Pollard CM. Ultra-processed family foods in Australia: nutrition claims, health claims and marketing techniques. Public Health Nutr [Internet]. 2018 Jan 17 [cited 2024 Mar 14];21(1):38–48. Available from: <https://pubmed.ncbi.nlm.nih.gov/28714433/>
18. Kelly B, Backholer K, Boyland E, Kent MP, Bragg MA, Karupaiah T, et al. Contemporary Approaches for Monitoring Food Marketing to Children to Progress Policy Actions. Curr Nutr Rep. 2023 Feb 7;12(1):14–25.
19. Kelly B, Chapman K, Baur LA, Bauman AE, King L, Smith BJ. Building solutions to protect children from unhealthy food and drink sponsorship. Cancer Council NSW [Internet]. 2013 [cited 2024 Feb 28]; Available from: <https://ro.uow.edu.au/cgi/viewcontent.cgi?article=4702&context=sspapers>
20. Kelly B, Baur LA, Bauman AE, King L, Chapman K, Smith BJ. “Food company sponsors are kind, generous and cool”: (Mis)conceptions of junior sports players. International Journal of Behavioral Nutrition and Physical Activity [Internet]. 2011 [cited 2024 Feb 28];8(1):95. Available from: <https://doi.org/10.1186/1479-5868-8-95>
21. Kelly B, Baur LA, Bauman AE, King L, Chapman K, Smith BJ. Food and drink sponsorship of children’s sport in Australia: who pays? Health Promot Int. 2011 Jun 1;26(2):188–95.
22. Australian Government. National Obesity Strategy 2022–2032 [Internet]. Canberra; 2022 [cited 2023 Aug 24]. Available from: https://www.health.gov.au/sites/default/files/documents/2022/03/national-obesity-strategy-2022-2032_0.pdf
23. Campbell S, James EL, Stacey FG, Bowman J, Chapman K, Kelly B. A mixed-method examination of food marketing directed towards children in Australian supermarkets. Health Promot Int [Internet]. 2014 Jun 1 [cited 2024 Feb 28];29(2):267–77. Available from: <https://pubmed.ncbi.nlm.nih.gov/23154998/>
24. Riesenber D, Backholer K, Zorbas C, Sacks G, Paix A, Marshall J, et al. Price Promotions by Food Category and Product Healthiness in an Australian Supermarket Chain, 2017–2018. Am J Public Health. 2019 Oct;109(10):1434–9.

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25. Zorbas C, Gilham B, Boelsen-Robinson T, Blake MRC, Peeters A, Cameron AJ, et al. The frequency and magnitude of price-promoted beverages available for sale in Australian supermarkets. *Aust N Z J Public Health*. 2019 Aug;43(4):346–51.
26. Kantar Worldpanel UK, Smithson M, Kirk J, Capelin C. Sugar Reduction: The evidence for action Annexe 4: An analysis of the role of price promotions on the household purchases of food and drinks high in sugar . London; 2015 Nov.
27. Huse O, Ananthapavan J, Sacks G, Cameron AJ, Zorbas C, Peeters A, et al. The potential cost-effectiveness of mandatory restrictions on price promotions for sugar-sweetened beverages in Australia. *Int J Obes [Internet]*. 2020 May 2 [cited 2024 Feb 28];44(5):1011–20. Available from: <https://doi.org/10.1038/s41366-019-0495-9>
28. Pulker, Trapp, Scott, Pollard. The Nature and Quality of Australian Supermarkets’ Policies that can Impact Public Health Nutrition, and Evidence of their Practical Application: A Cross-Sectional Study. *Nutrients [Internet]*. 2019 Apr 15 [cited 2024 Mar 11];11(4):853. Available from: <https://doi.org/10.3390/nu11040853>
29. Pulker CE, Trapp GSA, Scott JA, Pollard CM. Global supermarkets’ corporate social responsibility commitments to public health: a content analysis. *Global Health [Internet]*. 2018 Dec 29 [cited 2024 Mar 11];14(1):121. Available from: <https://doi.org/10.1186/s12992-018-0440-z>
30. Australian Bureau of Statistics. ABS Catalogue no. 4727.0.55.001. . 2013. Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012-13.
31. Brimblecombe J, McMahon E, Ferguson M, De Silva K, Peeters A, Miles E, et al. Effect of restricted retail merchandising of discretionary food and beverages on population diet: a pragmatic randomised controlled trial. *Lancet Planet Health [Internet]*. 2020 Oct [cited 2024 Feb 28];4(10):e463–73. Available from: [https://doi.org/10.1016/S2542-5196\(20\)30202-3](https://doi.org/10.1016/S2542-5196(20)30202-3)
32. Grigsby-Duffy L, Schultz S, Orellana L, Robinson E, Cameron AJ, Marshall J, et al. The Healthiness of Food and Beverages on Price Promotion at Promotional Displays: A Cross-Sectional Audit of Australian Supermarkets. *Int J Environ Res Public Health*. 2020 Dec 3;17(23):9026.
33. Reeve B, Magnusson R. Regulation of Food Advertising to Children in Six Jurisdictions: A Framework for Analyzing and Improving the Performance of Regulatory Instruments. *SSRN [Internet]*. 2018 Mar 7 [cited 2024 Feb 28];35(1). Available from: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3131414
34. Granheim SI, Vandevijvere S, Torheim LE. The potential of a human rights approach for accelerating the implementation of comprehensive restrictions on the marketing of unhealthy foods and non-alcoholic beverages to children. *Health Promot Int [Internet]*. 2019 Jun 1 [cited 2024 Feb 28];34(3):591–600. Available from: <https://pubmed.ncbi.nlm.nih.gov/29315400/>
35. United Nations. Chapter IV. Human Rights. 1989 [cited 2023 Nov 17]. Convention on the Rights of the Child. Available from: https://treaties.un.org/doc/Treaties/1990/09/19900902%2003-14%20AM/Ch_IV_11p.pdf
36. Ananthapavan J, Sacks G, Brown V, Moodie M, Nguyen P, Veerman L, et al. Priority-setting for obesity prevention—The Assessing Cost-Effectiveness of obesity prevention policies in Australia (ACE-Obesity Policy) study. *PLoS One [Internet]*. 2020 Jun 19 [cited 2023 Aug 2];15(6):e0234804. Available from: <https://doi.org/10.1371/journal.pone.0234804>